6		3
MAY	1 5 20	10 E

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

A	1006	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMI	ERCE
ACI OI	1995, perpersons	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMI are required to respond to a collection of information unless it displays a valid OMB of the control of the con	contro

	Under t	he Paperwork Reaction Act of 1995,	persons are required to respond	to a collection of in	formation unless it d	isplays a valid OMB control number.	
PE	TITION FO	OR EXTENSION OF TIME UND	ER 37 CFR 1.136(a)		Docket Numb	er (Optional)	
		TIFICATE OF MAILING	In re Application of Nobuyuki HISHINUMA et al.				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313, on May 14, 2003 Nakae: April Campbell		ne United States Postal Service with e as first class mail in an envelope	Application Number 09/530,955			Filed May 16, 2000	
		nmissioner for Patents, Alexandria,	For ULTRAVIOLET ILLUMINATION EQUIPMENT			l	
		Lampbell Campbell	Group Art Unit 2878 Examiner A. C		uash		
Th rep	is is a recolly in the	uest under the provisions or above identified application	of 37 CFR 1.136(a) to ex	ktend the period	d for filing a		
Th (ch	e request neck time	ed extension and appropria period desired):	te non-small-entity fee a	are as follows			
	×	One month (37 CFR 1.17	(a)(1)) - (\$55/\$110)			\$ <u>110.00</u>	
		Two months (37 CFR 1.1	7(a)(2)) - (\$205/\$410)			\$	
_		Three months (37 CFR 1.				\$	
		Four months (37 CFR 1.1	7(a)(4)) - (\$725/\$1450)			\$	
		Five months (37 CFR 1.1	7(a)(5)) - (\$985/\$1970)			\$	
	above is reduced by one half and the resulting for it.						
×		in the amount of the fee is		-		CHA	
	Paymen	t by credit card. Form PTC		HAY 20 ?			
	The Corapplication	check in the amount of the fee is enclosed. Implication to a Deposit Account. In a Commissioner is hereby authorized to charge any fees which may be required, credit any overpayment to Deposit Account.					
×	or credit	ommissioner is hereby authorized to charge any fees which may be required, lit any overpayment, to Deposit Account Number 19-2380 (740145-152) enclosed a duplicate copy of this sheet.					
I an	n the 🔲	applicant/inventor				0	
		assignee of record of the e Statement under 37 C	ntire interest. See 37 Cl FR 3.73(b) is enclosed.	FR 3.71. (Form PTO/SI	B/96).		
	×	attorney or agent of record					
	_	attorney or agent under 37		.34(a)			
	WARNI included	NG: Information on this on this on this form. Provide cr	form may become put	olic. Credit ca	rd information tion on PTO-	on should not be 2038.	
	<u>May</u>	14, 2003 Date	7	()~ 4 9)	Signature		
			Ξ	David S. Safran			
OTE	E: Signature	es of all the inventors or assignees n one signature is required, see be	of record of the entire interest		or printed nam tative(s) are requi		
_	Total of	forms are submitte					
		ornia are addimu	~·				

05/16/2003 SDENBOB1 00000065 09530955

02 FC:1251

110.00 OP